

11 CIV. 3026

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKDanilo Villa

(In the space above enter the full name(s) of the plaintiff(s).)

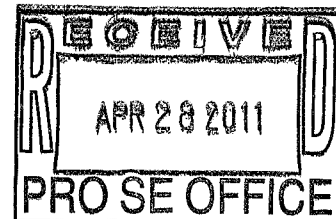
COMPLAINT

-against-

Tiano's Construction, Corp., Mitrani
Plasterers Co.-Inc., Tiano's Construc-
tion Mitrani Cesare General Partnership,
GB E Alasia Contracting Corp., Pythagoras
General Contracting Corp., Safeco
Insurance Company of North America,
Lumbermens Mutual Casualty Company,
St. Paul Mercury Insurance Company
and Lloyd Ambinder (former
Attorney for the Plaintiff)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

"see Attached"



I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Danilo Villa760 Hewitt Pl 2 FlrBronx, BronxNew York 10455(718) 781-5052

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendants

1. TIANO'S CONSTRUCTION, CORP.,
2. MITRANI PLASTERERS CO. INC,
3. TIANO'S CONSTRUCTION MITRANI CESARE GENERAL PARTNERSHIP,
LOCATED AT 620 MOTAUK HWY, SHIRLEY, NY 11967
4. GBE ALASIA CONTRACTING CORP,
5. PYTHAGORAS GENERAL CONTRACTING CORP,
6. SAFECO INSURANCE COMPANY OF NORTH AMERICA,
7. LUMBERMENS MUTUAL CASUALTY COMPANY,
8. ST. PAUL MERCURY INSURANCE COMPANY,
9. LLOYD AMBINDER (former attorney for the plaintiffs)
ADDRESSED AT 111 BROADWAY – SUITE 1403, NEW YORK, NY 10006

Defendant No. 1

Name Lloyd Ambinder
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 2

Name Pythagoras General Contracting Corp.
 Street Address 8-67 Astor's Blvd
 County, City LIC NY
 State & Zip Code NY 11102
 Telephone Number _____

Defendant No. 3

Name Tiano's Construction Corp. Mitrani Plasterers Co. Inc.
 Street Address 620 Montauk Hwy
 County, City Stirley NY
 State & Zip Code NY 11967
 Telephone Number _____

Defendant No. 4

Name Lumbermens Mutual Casualty Company
 Street Address 26 Columbia Turnpike, North Easton MA
 County, City Forham Park, New Jersey
 State & Zip Code New Jersey 0932
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

CONTINUATION SHEET

Plaintiff 1 Name Jose Delio Munoz
Street Address 1032 Ogden Avenue Apt 3
County, City Bronx, Bronx
State & Zip Code New York 10452
Telephone Number (718) 590-5405

Plaintiff 2 Name Andres Gonzales
Street Address 10 Richmond Plaza Apt 9G
County, City Bronx, Bronx
State & Zip Code NY 10453
Telephone Number (718) 590-5405

Plaintiff 3 Name Doroteo Polanco
Street Address 1939 Grand Concourse Apt 1K
County, City Bronx, Bronx
State & Zip Code NY 10453
Telephone Number (646) 387-1915

Plaintiff 4 Name Danilo Villa
Street Address P.O. Box 512
County, City Bronx, Bronx
State & Zip Code NY 10455
Street Address 760 Hewitt PL 2FLR
County, City Bronx, Bronx
State & Zip Code NY 10455
Telephone Number (718) 781-5052

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Various locations
in New York

B. What date and approximate time did the events giving rise to your claim(s) occur? 1948-2000

C. Facts: I worked for the companies before mentioned
for 7000 years. I worked 12 hours daily most
of the time, but never received payment for it.
I was always paid seven hours no matter how many
extra hours I worked. I never took vacation
and never received labor benefits. I am also
filing a lawsuit against my previous attorney
Lloyd Ambinder, ESQ. for abandoning the case
and leaving me without representation.

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

Jose Delio Muñoz, Andres Gonzales and
Doroteo Polanco

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. None

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I ask to be compensated for all the extra hours I worked and was never paid for. I was not happy with the judge's dismissal of the case without hearing the witnesses' testimony nor letting the jury make a decision. I hope justice can be made. I am also filing a lawsuit against my previous attorney Lloyd Ambinder for abandoning the case. I felt it was a decision he made based on personal issues he had with due to a separate lawsuit filed by me against a company he was representing, a lawsuit which I won. His resignation affected me emotionally, I was left without representation. I went through a long depression.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26th day of April, 2011.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Sanito Villa
700 Hewitt Pl 2 Flr
Bronx, NY 10455
(718) 781-5052

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____